

Health Department, City of Baltimore.

Permit No. 1910 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, Frederick Augustus Wolff

Sex, Male or Female, Male

Age, 50 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, don't know

Occupation, Attendant of Turkish Baths

Birth Place, Germany

Duration of Residence in the City of Baltimore, Don't know

Place of Death, Western Station House

Cause of Death, Apoplexy induced by excessive drinking

Duration of Last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Aug 2 1887

Undertaker, A. Rosenberger L. G. Spanow M. D.

Place of Business, 321 Park Ave Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1911 Office of Registrar of Vital Statistics. Ward 10

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CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Pratt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months.

Color, Col.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give Street and Number. } 657 Josephine str.

Cause of Death, { First (Primary), Second (Immediate), } Abscess
Septicaemia

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Maplemont

Date of Burial, August 1st 1887

{ Undertaker, W. Ross } W. S. Litchcomb, M.
Medical Attendant.

{ Place of Business, 404 Connelly } Address, 836 W. Balte str.

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Health Department, City of Baltimore.

Permit No. 1912 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Aug. 1st, 1887.

Full Name of Deceased, Thomas Blazek
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 18 years

Place of Death, 1501 Nelson's Court (S. Caroline R)
{ Give Street and Number. }

Cause of Death, Acute Pneumonia
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Alfonse's

Date of Burial, Aug 3

Undertaker, John H. Rehberger M. D.

Place of Business, 151 S Bond Address, 1709 Alice Anna R
Medical Attendant.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 1913 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Edwards

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, ✓ Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 224 Dawson Alley

Cause of Death, { First (Primary), Encephalitis
Second (Immediate), Exhaustion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Forrest Grove Bk Co

Date of Burial, Aug 4th 87

{ Undertaker, Th. Ross } Jos. Plummer M. D.
Medical Attendant.

{ Place of Business, Conway St Address, 16 Columbia Av.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1914 Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Aug 1st 87

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Herbert

Sex, Male or Female, ^{Cross out the word not required in this line.}

Age, 4 Years, 4 Months, ✓ Days

Color, red

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, ^{Cross out the words not required in this line.}

Occupation, Child

Birth Place, ^{State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, ^{Give Street and Number.} 524 Smith St

Cause of Death, ^{First (Primary), Second (Immediate),} Polio Infarction (1324)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, Aug 2nd 1887

Undertaker, Geo. E. Brown

Place of Business, Health Dept

John Jeff M. D.
Medical Attendant.

Address, 20 N. Main St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1915 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, Martha Heckert
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female
Cross out the word not required in this line.

Age, 10 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, —
Cross out the words not required in this line.

Occupation, Battn.

Birth Place, Balto.
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 44 N. Hamburg St.
Give Street and Number.

Cause of Death, Tubercle Pulmonalis
Prostration
First (Primary),
Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug 3rd 1887

Undertaker, Julius Kocher

Place of Business, Sharp & Cross Address, 418 S. Paca St.

W. D. Duerksen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1916 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George E Knabe

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 1613 Harlem Ave

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, all life
All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Aug 2 1887

{ Undertaker, J Lewis Schuyler Marvin M. D. Medical Attendant.

{ Place of Business, 316 N Fremont Address, 220 N Hilmer St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the particulars below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1917 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Aug. 1, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles W. Leary ✓

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 5 weeks Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, { Give Street and Number. } 1202 N. Caroline St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 2, 1887

Undertaker, Oliver H. Hickman Geo. A. Hartman M. D. Medical Attendant.

Place of Business, 234 N. Gay Address, 1121 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1918 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, July 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cassin Karth

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 47 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give Street and Number. } 1028 Hanover St

Cause of Death, { First (Primary), Bright disease of Kidney
Second (Immediate), Excessive Heat

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Western C.

Date of Burial, August 3

{ Undertaker, B. H. Hark } { Medical Attendant, } M. D.

{ Place of Business, 115 West } Address, 5789

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[OVER.]

Health Department, City of Baltimore.

Permit No.

1919

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

August 1st, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Edward Kirby

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

9 Years,

Months,

29 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

524 E. Fort Ave.

Cause of Death, { First (Primary), Second (Immediate), }

Convulsions

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 4 1887

Undertaker, Bernard Harle

Place of Business, 115 West St.

Robert S. Rowe

M. D.

Medical Attendant.

Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]